



## Daily Health Check / 日常健康检查

|   |   |                             |     |    |
|---|---|-----------------------------|-----|----|
| 1 - Symptoms                                    | Does student have any of the following symptoms   | 症状                          | 有   | 没有 |
|   | Fever   | 发热                          | YES | NO |
|   | Chills  | 发冷                          | YES | NO |
|   | Cough or worsening of chronic cough   | 咳嗽 / 慢性咳嗽加重                 | YES | NO |
|   | Shortness of breath   | 气促                          | YES | NO |
|   | Sore throat   | 咽喉痛                         | YES | NO |
|   | Runny nose/stuffy nose  | 流鼻涕 / 鼻塞                    | YES | NO |
|   | Loss of sense of smell or taste   | 嗅觉或味觉丧失                     | YES | NO |
|   | Headache  | 头痛                          | YES | NO |
|   | Fatigue   | 疲劳                          | YES | NO |
|   | Diarrhea  | 腹泻                          | YES | NO |
|   | Loss of appetite  | 食欲不振                        | YES | NO |
|   | Nausea and vomiting   | 恶心和呕吐                       | YES | NO |
|   | Muscle aches  | 肌肉疼痛                        | YES | NO |
|   | Conjunctivitis (pink eye)   | 结膜炎 (红眼)                    | YES | NO |
|   | Dizziness, confusion  | 头晕 / 混乱                     | YES | NO |
| Abdominal pain                                  | 腹痛  | YES                         | NO  |    |
| Skin rashes or discoloration of fingers or toes | 皮疹或手指或脚趾变色  | YES                         | NO  |    |
| 2 – International Travel                        | Have you or anyone in your household returned from travel outside of Canada in the last 14 days   | 您或者您的家人在最近 14 天内有过出国旅行吗?    | YES | NO |
| 3 – Confirmed Contact                           | Are you or is anyone in your household a confirmed contact of a person confirmed to have COVID-19 | 您或者您的家人中有确诊的冠状病毒感染或接触史的情况吗? | YES | NO |

\*Check BCCDC's Symptoms of COVID-19 regularly to ensure the list is up to date.

- If you answered “YES” to any of the questions and the symptoms are not related to a pre-existing condition (e.g. allergies), you’re the student should NOT come to school.
- 如果学生对任何问题的回答是“是”，则不应上学
- If they are experiencing any symptoms of illness, contact a health care provider for further assessment. This includes 8-1-1, or a primary care provider like a physician or nurse practitioner. 如果您感觉有任何不适或其中的症状，请与医疗工作者联系。包括拨打 811 或联系执业医师/护士。
- If you answered “YES” to questions 2 or 3, use the COVID-19 Self-Assessment Tool to determine if you should be tested for COVID-19. 如果您对上述问题 2 或者 3 的回答是肯定的，请参照 COVID-19 症状自检评估表格一边确认您是否被感染冠状病毒。